

IN ACIDOSIS

DIET

DIET IN ACIDOSIS

DIETETICS—A HERITAGE

*"ALL human history attests
That happiness for man—the hungry sinner—
Since Eve ate apples,
Much depends on dinner."*

So wrote Byron. And true enough, upon the proper food depends not only the happiness of man but his health as well.

The ancient physicians paid much attention to food, Athenæus being enthusiastic enough to remark that a good physician ought to be a cook. Of the old dieticians Galen was by far the greatest. He discussed many dietetic topics sagaciously.

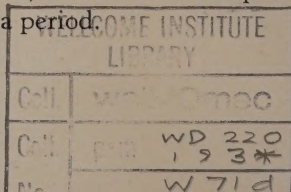
In the light of its history, dietetics has come down as a heritage to modern medicine. Only the principles have changed; the method, and here and there even some of the fads that have grown up with it, remain.

In prescribing the diet there has been too much theorizing and too little facing the facts. While diet forms an important supportive measure in the management of every disease condition, it is hardly designed to take the place of specific therapy. This holds as true in the dietetic management of acidosis as in other diseases.

THE DIET IN ACIDOSIS

TO TRUST to food alone for the replenishment of the alkali reserve when it is depleted or in danger of depletion, may place a demand on the resources of the body which they are not prepared to meet. Even though the body has a reserve store which can be drawn upon in emergencies and for short periods, it is not wise to impose upon nature too often nor for too long a period.

● ALKA-ZANE—A palatable granular effervescent salt for the treatment of acidosis.



In fevers, influenza, pneumonia, prolonged diarrhœa, cardiac disorders, asthma, nephritis, diabetes, anæmia, constipation after general anæsthesia, in hyperthyroidism, rheumatic fever, rheumatoid arthritis, toxemias of pregnancy, and in numerous disease conditions, there is a distinct tendency toward acidosis because of the increased metabolic rate or because of the insufficient oxygenation of the blood, or the decreased ventilation of the lungs. To rely on food articles alone to supply the increased alkali needs of the body under such conditions, is not only ill-advised but often impossible.

The reason is plain enough. In fevers, the diet can hardly be sufficiently abundant in vegetables and fruits to supply the caloric requirements of the body. The patient's appetite and digestive power, already impaired, must be preserved for food that yields greater energy than vegetables and fruits. These are notoriously deficient in caloric value and sustenance. Not that they should be completely abandoned. But the small quantities that may be allowed will hardly be sufficient to supply the increased alkali requirements in disease conditions.

In non-febrile conditions, where the diet may be more abundant, a complete change of diet may theoretically serve the purpose, but those who have had experience with such change well know that it is nearly impossible to maintain such a diet for two reasons: because it requires a new adaptation of the digestive system to the changed diet, with the gastric disturbances this entails; and because patients, except under the most favourable conditions, all too often will not be able to resist the temptation to deviate from dietetic restrictions. To leave human inclination out of consideration in the treatment of disease, is to accept too much on faith. "Liking for a food is nature's index of its value," even though the bodily mechanism may not at all times be capable of making the best use of it.

KA-ZANE—A combination of sodium,
assium, calcium and magnesium.



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THINKING THERAPEUTICALLY

THE QUESTION arises, why not treat the underlying cause, and so remove the condition productive of acidosis. If dyspnœa with its attendant acidosis is due to cardiac weakness, why not relieve it by such measures as improve the muscular power of the heart, as rest and digitalis? Why not treat nephritis and diabetes with the well known measures available for their treatment and avoid acidosis? The question appears unanswerable until one remembers that the acidosis of diabetes has been found to yield in certain instances to alkali with insulin when it did not respond to insulin alone. The retention acidosis of nephritis also yields to alkali, even though only temporarily, but it does relieve the distressful acidosis hyperpnœa. This too applies in cardiac conditions.

It is reasonable enough to assume that when the conditions necessary for normal function are present, the body can more readily recover from disease than under the handicap of a deficiency.

FOLLOWING A SAFE COURSE

DIETETIC MANAGEMENT in disease is necessary. There are certain foods from which the patient should abstain, there are others of which he should partake in greater quantities than customarily.

This rule also applies in acidosis. The usual diet of the patient should not be disturbed, but rather it should be supplemented with those food articles which he especially needs.

Certain foods contain more acid-forming elements than other foods. If these elements are not properly balanced by the alkali-forming foods, the over-production of acid, with its injurious effects, results.

Flesh foods, eggs and cereals are the principal acid-forming foods. Excess of sugar and fat also tends to cause acidosis. Milk and vegetables and most fruits are the alkali producing foods.

● ALKA-ZANE—contains carbonates, phosphates and citrates
—no tartrates, sulphates or lactates. No sodium chloride.

Fruit acids when burned in the body, liberate their alkaline salts with which they are combined, thereby increasing the alkalinity of the body. The acid salts of fruits are largely in the skin, and these can be removed before eating.

Most foods contain both acid and alkali-forming elements. Their influence upon the systematic reaction depends on whether the acid or alkaline elements are present in excess.

The following tables list the more commonly used food substances according to their ultimate reaction. The figures represent the excess of acid or base, in grammes, over alkali or acid-forming elements, in 100 grammes of the food article. The figures on the left show the weight, in approximate ounces, of 100 caloric portions.

Alkali Producing Foods

1.0 Almonds	12.38
7.5 Apples	<u>3.76</u>
16.0 Asparagus	0.81
5.5 Bananas	5.56
1.0 Beans, dried	<u>23.87</u>
6.5 Beans, lima, fresh	<u>41.65</u>
6.0 Beets	<u>10.86</u>
13.0 Cabbage ..	4.34
10.0 Carrots	<u>10.82</u>
11.5 Cauliflower	5.33
19.0 Celery	7.78
2.0 Chestnuts	7.42
1.0 Currants, dried	5.97
11.0 Lemons	5.45
20.0 Lettuce	7.37
5.0 Milk, cow's	2.37
9.0 Muskmelon	7.47
9.5 Oranges	5.61
10.0 Peaches	5.04
6.0 Pears, dried	7.07
5.0 Potatoes	<u>7.19</u>
12.0 Radishes	2.87

1.0 Raisins	23.63
13.0 Turnips	2.68

Acid Producing Foods

1.5 Bread	2.70
1.5 Bread, whole wheat	3.00
1.0 Corn	5.95
1.0 Crackers	7.81
2.0 Eggs	11.10
7.0 Egg, white	5.24
0.1 Egg yolk	26.69
5.0 Fish, haddock	16.07
8.0 Fish, pike	11.81
2.0 Meat, beef, lean	13.91
5.5 Meat, chicken	17.01
8.0 Meat frog	10.36
2.0 Meat, pork, lean	11.87
6.0 Meat, rabbit	14.80
3.0 Meat, veal	13.52
1.0 Oatmeal	12.93
7.0 Oysters	30.00
1.0 Peanuts	3.90
1.0 Rice	8.10

● ALKA-ZANE—for acidosis in fevers, influenza, pneumonia, cardiac diseases, pregnancy, rheumatic conditions.

In regulating the diet, it should not be overlooked that food is the fuel which sustains life. It is not advisable to replace all acid-forming foods by alkali-forming foods in correcting a tendency to acidosis. To do so, may reduce the calories necessary to meet the daily energy requirements to such an extent as to approach the starvation point.

A better and safer way is to check the usual diet of the patient against the lists and note to what extent the acid foods exceed the alkaline foods, then balance the excess by reducing the quantity of acid-forming foods and by increasing the quantity as well as the variety of the alkaline foods.

No accurate calculation is possible, nor is it necessary. The caloric values of the foods listed give a general indication of their dietetic values ; and as far as practicable, a high caloric food eliminated from the diet should be replaced by another suitable food of high caloric yield.

It is perhaps inadvisable to insist on carefully measured quantities. When the selection of food is made a task, the patient may become a "diet conscious" dyspeptic ; he eats because he must and not because he enjoys his food.

DIET IS NOT ENOUGH

WHAT DIET cannot accomplish alone, it will most satisfactorily perform if supplemented by Alka-Zane. It restores the alkaline balance when food cannot. From Alka-Zane the body will receive those necessary alkaline elements of which the blood plasma and cell structures are composed.

Alka-Zane is a combination of the carbonates, phosphates and citrates of sodium, potassium, calcium and magnesium in physiological proportions. It contains no sulphates, lactates or tartrates, and no sodium chloride.

There is a good reason for this. Carbonates and phosphates are normal *constituents* of the blood and cells. Sulphates in the

● ALKA-ZANE—after effervescence, may be added to milk, fruit juices, for those who prefer it.

circulation represent *end products* of metabolism which may enter the circulation from the intestinal tract, and are ready to be eliminated. Lactates are fatigue products which do not enter into the formation of the alkali reserve, though they may accomplish temporary alkalization. Citrates are invariably oxidised to carbonates, while tartrates are not always completely converted, and if eliminated unchanged may cause irritation in the kidneys. Sodium chloride has no place in an alkalizer and diuretic because it tends to form acid salts and favours retention of fluid which the diuretic is intended to eliminate.

Alka-Zane has been prepared with these therapeutic purposes in mind—efficient alkalization and the elimination of excess fluid which is likely to be retained in certain cases of acidosis, such as nephritis, diabetes, cardiac insufficiency. With these aims in view, it makes no compromise with appearance. It forms a cloudy solution because the calcium and magnesium are not water-soluble salts, but are converted into such by the digestive processes.

FROM THE PATIENT'S POINT OF VIEW

There is a necessary property which has received adequate attention in Alka-Zane, that is *palatability*. Highly purified drugs have made this possible, aided by proper proportioning of the citrate content. This required much experimental research, but in Alka-Zane it has been accomplished.

Alka-Zane is economical too—the dose is one heaping *teaspoonful* in a glass of cold water three or four times daily. It may be taken immediately after meals as it does not interfere with gastric digestion. On the contrary—it forms a zestful, effervescent drink that stimulates the gastric functions. Children take Alka-Zane readily after the effervescence has subsided.

● ALKA-ZANE—One heaping *teaspoonful* 3-4 times daily in a glass of water, is an efficient, palatable neutralizer of excess local or systemic acidity.

Alka-Zane combines every wanted quality in an alkaliizer, the most important of which are therapeutic efficiency and palatability. These qualities are strikingly apparent soon after the treatment is begun. That is why Alka-Zane deserves closest consideration and investigation of its distinct advantages as an alkaliizer in acidosis.



ALKA-ZANE *for* ACIDOSIS

ALKA-ZANE is supplied in bottles containing four ounces.

Manufactured by

WILLIAM R. WARNER & CO., INC.
113-123 West 18th Street, New York City

Kindly address all enquiries to the British Distributors :

NEWBERYS WHOLESALE
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